

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <u>0 4 — 0 0 4</u>	2. STATE: HAWAII
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) MEDICAL ASSISTANCE	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 01/01/04	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: \$1931 OF THE SOCIAL SECURITY ACT		7. FEDERAL BUDGET IMPACT: a. FFY <u>04</u> \$ <u>6,902.28</u> None <i>RJD</i> b. FFY <u>05</u> \$ <u>8,905.68</u> None <i>RJD</i>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SUPPLEMENT 15 TO ATTACHMENT 2.6-A, PAGES 2 AND 3 SUPPLEMENT 8a TO ATTACHMENT 2.6-A <i>RJD</i>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SAME	
10. SUBJECT OF AMENDMENT: SECTION 1931 - DISREGARD OF INCOME			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: AS APPROVED BY GOVERNOR			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Lillian B. Koller</i>		16. RETURN TO: DEPARTMENT OF HUMAN SERVICES MED-QUEST DIVISION POLICY AND PROGRAM DEVELOPMENT OFFICE P. O. BOX 700190 KAPOLEI, HI 96709-0190	
13. TYPED NAME: LILLIAN B. KOLLER, ESQ.			
14. TITLE: DIRECTOR			
15. DATE SUBMITTED: MAR 24 2004			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 3/25/04		18. DATE APPROVED: 6/22/04	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/01/04		20. SIGNATURE OF REGIONAL OFFICIAL: <i>Pat Daly for Linda Minamoto</i>	
21. TYPED NAME: Linda Minamoto		22. TITLE: Associate Regional Administrator Div. of Medicaid & Children's Health	
23. REMARKS: Blocks 7 and 8 changed at the request of the state			

_____ The agency applies higher resource standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

 X The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

1. For applicants and recipients, gross income in the amount of the difference between the AFDC income standard (in effect on July 16, 1996) and 100% of the 2004 FPL is disregarded or the AFDC income disregards in effect on July 16, 1996 are applied, whichever is to the family's advantage. Except that the income disregards will be applied without regard to 45 CFR 233.20(a)(11)(iii)(A) through (D).
2. The earned income of each child under age 19, who is a student, is excluded.
3. All TANF payments are excluded.
4. \$1000 in otherwise countable resources will be disregarded for a family of one, \$2000 for a family of two, and an additional \$250 for each individual above two.
5. The equity value of all motor vehicles such as cars, trucks, vans, campers, motorcycles, and mobile homes are exempt from consideration toward the personal reserve, regardless of the value or the use of the vehicles, with the exception of all watercrafts and air transportation vehicles, such as boats, airplanes, and helicopters that will continue to be considered toward the personal reserve.
6. The value of bona fide funeral and burial plans or agreements per individual are exempt from consideration toward the personal reserve, regardless of their value.

The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

1. A new income disregard is added.
2. The gross earned income of a dependent child who is a student, was included in determining whether the total family income exceeded 185 per cent of the Standard of Need. For applicants,

TN No. 04-004

Supersedes

TN No. 03-001

Approval Date: JUN 22 2004 Effective Date: 01/01/04